REMARKS

Formal Matters

In the specification, the paragraph at page 1, lines 9-11 has been amended to add the patent number corresponding to U.S.S.N. 09/716,028. Also, the paragraph at page 79, lines 3-4 has been corrected to state that the identified antibodies in Figure 8 bind to IgE and not the high affinity receptor. It is clear that the assay describes how the antibodies compete with the high affinity receptor for binding to IgE, and not that the antibodies bind to IgE. Support for this correction appears at least in the description of the assay (page 78, line 8 through page 79, and Figure 8). Finally, the specification has also been amended at page 79, line 22 to correct for the formatting error.

Claims 48-65 remain in this application. No new matter is added by the amendments.

In view of the Examiner's earlier restriction requirement, applicants retain the right to present the subject matter of previously canceled and withdrawn claims in a divisional application.

Support for the amendments in claims 48 and 55 appear at least at page 55, lines 3-4 and at page 2, lines 9-11 and page 9 lines 22-37, respectively.

Objection to the Specification

The Examiner has asserted that the conclusion on page 79, lines 3 and 4 is allegedly inconsistent with the discussion of experiment VI on page 78 and the data presented in Figure 8. Applicants have corrected the offending language.

Rejection Under 35 U.S.C. § 112, Second Paragraph

Claims 48-65 are rejected under 35 U.S.C. § 112, first paragraph, allegedly because the specification does not reasonably provide enablement for a method of administering an antibody or antigen-binding fragment comprising SEQ ID NOs: 8, 11 and 12 that treats anaphylaxis.

Specifically, the Examiner argues that Tortora *et al.*, *Microbiology: An Introduction*, Fifth Edition, pages 466-469 (1995) and Chang, *Nature Biotech.* 18: 157-162 (2000) suggest that anti-IgE therapy would not yield therapeutic benefit to patients already suffering from an anaphylactic reaction since IgE present on the surface of mast cells and basophils would have already been crosslinked by bound antigen and soluble mediators of the physiological response would have already been released. As a result, the Examiner concludes that Applicants' method is unlikely to be able to treat an ongoing anaphylactic reaction, and that anti-IgE therapy would need to be administered prophylactically.

In response, Applicants respectfully submit that one of ordinary skill in the art would not reasonable conclude that the combined teachings of Tortora *et al.* and Chang suggests that anti-IgE therapy would not be therapeutic to treat anaphylaxis.

Tortora *et al.* generally describes local and systemic anaphylaxis as a reaction resulting from the release of mediators from antigen-induced cross-linking of IgE on mast cells and basophils. The result is degranulation and release of mediators, including histamine, leukotrienes and prostaglandins. In anaphylaxis, the mediator release also causes the dialation of peripheral blood vessels, which results in drop in blood pressure, or shock. This condition can be fatal in minutes, and is counteracted with the drug epinephrine.

Chang *et al.* generally describes the pharmacological basis for anti-IgE therapy in the treatment of allergic disorders. Specifically, the article is based in part on phase I and phase II clinical trial data showing efficacy of CGP51901 a chimeric anti-IgE antibody in CGP56901, a humanized variant. In fact, Chang *et al.* on page 158, col. 2, specifically suggested that that the criticism of anti-IgE therapy on page 158, col. 2 will subside in light of the (then ongoing) phase II and III studies. While Chang *et al.* indeed suggests that there was insufficient information at the time the paper was authored to assess whether anti-IgE therapy might be beneficial within the first few days of administration, it also clearly states that once this information hurdle is overcome that the therapeutic effect from such therapy will be significant.

Applicants direct the Examiner's attention to Leung *et al., N. Engl. J. Med.* 348:11, 989-993 (2003), submitted in the attached Supplemental Information Disclosure Statement. Described in the article is a clinical trial of TNX-901, the humanized anti-IgE molecule referred in Chang *et al.* The results of this study show that anti-IgE therapy resulted in a significant and substantial increase in threshold sensitivity to peanut on oral food challenge. The authors conclude from this that anti-IgE therapy should provide protection against accidental ingestion of allergenic foods (pages 986; 992, second column).

Thus, while Applicants disagree with the Examiner that Tortora *et al.* and Chang et al. suggest that anti-IgE therapy would not be effective to treat hypersensitivity, solely in the interest of advancing prosecution, Applicants have amended the claimed subject matter to specify that the claimed method prevents the onset of a IgE-mediated disorder.

SUMMARY

Claims 48-65 are pending in the application. Claims 48 and 55 are presently amended. Applicants retain the right to present cancelled and withdrawn subject matter in later prosecution.

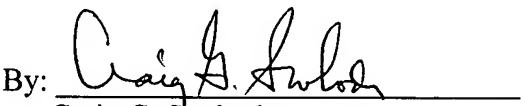
If in the opinion of the Examiner, a **telephone conference** would expedite the prosecution of the subject application, the Examiner is **strongly encouraged** to call the undersigned at the number indicated below.

This response/amendment is submitted with a transmittal letter. In the unlikely event that this document is separated from the transmittal letter or if fees are required, applicants petition the Commissioner to authorize charging our Deposit Account 07-0630 for any fees required or credits due and any extensions of time necessary to maintain the pendency of this application.

Applicants respectfully request that a timely Notice of Allowance be issued in this case.

Respectfully submitted,
GENENTECH, INC.

Date: **November 18, 2005**

By: 

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